

Our Ref. No.: 051876.P422

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for:)
Soon-Yong Kweon et al.,) Examiner: Vu, Hung K
Serial No. 10/730,855) Art Group: 2811
Filed: December 8, 2003)
For: FERROELECTRIC RANDOM)
ACCESS MEMORY CAPACITOR)
AND METHOD FOR)
MANUFACTURING THE SAME)

Mail Stop - AMENDMENTS
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Dear Commissioner:

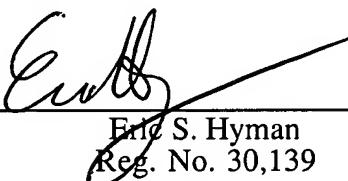
In response to the outstanding Office Action mailed August 13, 2004, Applicant elects Group 1, Claims 1-17, drawn to a semiconductor device, classified in class 257, subclass 295.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR, & ZAFMAN

Dated: 9/2/04

By: _____



Eric S. Hyman
Reg. No. 30,139

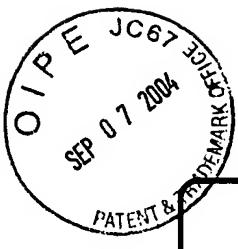
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Linda Marie D'Elia

September 3 2004



I fcd

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/730,855
		Filing Date	December 8, 2003
		First Named Inventor	Soon-Yong Kweon
		Art Unit	2811
		Examiner Name	Vu, Hung K.
Total Number of Pages in This Submission	4	Attorney Docket Number	51876P422

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> return postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	response to restriction requirement	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric S. Hyman, Reg. No. 30,139 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	9/2/04

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Linda D'Elia
Signature	
Date	9/3/04



FEET TRANSMITTAL for FY 2004		<i>Complete if Known</i>	
Effective 10/01/2004. Patent fees are subject to annual revision.		Application Number	10/730,855
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	December 8, 2003
TOTAL AMOUNT OF PAYMENT (\$)		Examiner Name	Soon-Yong Kweon
0.00		Art Unit	Vu, Hung K.
		Attorney Docket No.	51876P422

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>2053</td><td>130</td><td>2053</td><td>130</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td></tr> <tr><td>1804</td><td>920 *</td><td>1804</td><td>920 *</td></tr> <tr><td>1805</td><td>1,840 *</td><td>1805</td><td>1,840 *</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td></tr> <tr><td>1404</td><td>330</td><td>2401</td><td>165</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td></tr> <tr><td>1451</td><td>1,510</td><td>2451</td><td>1,510</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td></tr> <tr><td>1460</td><td>130</td><td>2460</td><td>130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>770</td><td>1809</td><td>385</td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> </tbody> </table>		Large Entity		Small Entity		Fee Code	Fee (\$)	Fee Code	Fee (\$)	1051	130	2051	65	1052	50	2052	25	2053	130	2053	130	1812	2,520	1812	2,520	1804	920 *	1804	920 *	1805	1,840 *	1805	1,840 *	1251	110	2251	55	1252	420	2252	210	1253	950	2253	475	1254	1,480	2254	740	1255	2,010	2255	1,005	1404	330	2401	165	1402	330	2402	165	1403	290	2403	145	1451	1,510	2451	1,510	1452	110	2452	55	1453	1,330	2453	665	1501	1,330	2501	665	1502	480	2502	240	1503	640	2503	320	1460	130	2460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	770	1809	385	1810	770	2810	385	1801	770	2801	385	1802	900	1802	900	Other fee (specify) _____			
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The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account		Fee Description Fee Paid																																																																																																																													
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SUBMITTED BY		<i>Complete (if applicable)</i>		
Name (Print/Type)	Eric S. Hyman	Registration No. (Attorney/Agent)	30,139	Telephone (310) 207-3800
Signature			Date	9/1/09